IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.iowa.gov/ethics

Reset Form

lowa Code section 8.7 requires all gifts and bequests given to any department of the state of lowa

F	O	R	M	_	G	F

Gift or Bequest Information received by a department or accepted by the Governor on behalf of the state

For offi Indexed	For office use only xed			
Audited	N	·		
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Disclosure Board and the Government Oversight Committee. The report to the Government Oversight Committee.	Checked Congruence Con					
eceipt of the gift or bequest.		9				
DEPARTMENT OR OFFICE RECEIVING THE GIFT OF	R BEQUEST:	20				
DHS - Glenwood Resource Center	To the second se	7.				
Name of Department or Office 711 S Vine St	Glenwood, Iowa 51534	Massa				
Mailing Address 712-527-4811	City, State, Zip Code					
Area Code & Telephone No.						
CONTACT PERSON FOR RECIPIENT DEPARTMENT	OR OFFICE:					
James Thompson						
Name		. marshines				
Mailing Address (if different from above)	City, State, Zip (if different fr	om above)				
Email Address	Area Code & Telephone Nu	mber (if different from above)				
OONOR OF GIFT OR BEQUEST:						
Becky Daniels Name						
208 N. 13th St. Esterville, Iowa	51334					
Mailing Address City, State, Zip Code	8/1/2018	\$25.00				
And the Control of th	Date of Gift or Bequest	Amount/Value*				
Area Code & Telephone Number	*value is defined as "fair mar	*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".				
Email Address (optional)	receiving department or offic					
Provide a description of the sife or begunet and aurora than						
Provide a description of the gift or bequest and purpose there	eoi:					
Glider Chair - for someone who can use it.						
Two was a second						
Criteria to use this form:						
Criteria to use this form: Receipt of any gift or bequest that is received by any departm	ment of the state or received by the Governor on	behalf of the state.				
	ment of the state or received by the Governor on	behalf of the state.				

James Thompson affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.